# STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## PLEASE PRINT

| I. Name of Lobby                          | ist(s)James V.               | Hatem                                                       |                   |                                                      |                     | <del></del>             |  |
|-------------------------------------------|------------------------------|-------------------------------------------------------------|-------------------|------------------------------------------------------|---------------------|-------------------------|--|
| II. Name of lobby<br>Nixon Peabo          | ist's partnership,<br>dy LLP | firm or co                                                  | rporation, if a   | ny:                                                  |                     |                         |  |
|                                           | Name of partnership          | , firm or cor                                               | poration)         |                                                      |                     |                         |  |
| 900 Elm Street                            |                              | Manchester                                                  |                   | NH                                                   |                     | 03101                   |  |
| Business Address:                         | (Street)                     |                                                             | (Town/City)       | (St                                                  | ate)                | (Zip Code)              |  |
| (603) 628-405                             | 2                            | _ (866)                                                     |                   | e-mail_                                              | jhatem@n            | ixonpeabody.com         |  |
| (Telephor                                 | ne)                          |                                                             | (Fax              | )                                                    |                     |                         |  |
|                                           |                              |                                                             |                   | rts for each client, (<br>to any one client).        | OR you may          | file a separate report  |  |
| 3 All reportable                          | transactions occurr          | ing in the r                                                | months prior to   | the reporting date re                                | lative to the f     | following client:       |  |
| State Farm In                             | surance Companie             |                                                             |                   |                                                      |                     |                         |  |
| OD                                        | (Full Name of                | Client as it a                                              | appears on the Lo | obbyist Registration Fo                              | un)                 |                         |  |
| OR  ☐ All reportable tunrelated to any pa |                              | lobbyist (ir                                                | icluding the lob  | obyist's family), or th                              | ie lobbying fi      | irm listed below which  |  |
| IV. Date of Report                        |                              | April 26, 2017   ivity from date of registration to 3/31/17 |                   |                                                      | July 26, 2017       |                         |  |
| neports corer.                            | October 25,                  | October 25, 2017 Activity from 7/1/17 to 9/30/17            |                   | January 31, 2018   activity from 10/1/17 to 12/31/17 |                     |                         |  |
|                                           | ed, complete just tl         |                                                             |                   | e transactions mad<br>the Secretary of State         |                     |                         |  |
| VI. Check if addi                         | tional reports are           | attached:                                                   |                   |                                                      |                     |                         |  |
|                                           | =                            |                                                             | ıres, you must 1  | file <b>Addendum A</b> – F                           | ees and Expe        | enses                   |  |
| ☐ If you have pa<br>Expense Reimburs      |                              | r reimburs                                                  | ed expenses, yo   | ou must file <b>Addend</b>                           | um B Repo           | rt of Honorariums or    |  |
| ☐ If you, your fi                         | rm, or your family           | has made p                                                  | oolitical contrib | outions, you must file                               | Addendum            | C- Political Contributi |  |
| I have read RSA 1                         | e best of my know            | 14-C and                                                    |                   |                                                      | that the for (Date) | egoing information is t |  |
| James V. Hat                              |                              |                                                             |                   |                                                      |                     |                         |  |
| (Print Name of lo                         |                              |                                                             |                   |                                                      |                     | RECEIVED                |  |

OCT 26 2017

# LEASE PRINT

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| Nixon Peabody LLP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of partnership, firm or corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                              |
| III. Name of Client State Farm Insurance Companies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date                                                                                                                                                                   | 10/24/17                                                                                                                                                                                                                                                                                     |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | relations, o                                                                                                                                                           | r public relations service                                                                                                                                                                                                                                                                   |
| a) Total of all fees received in this reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | a) \$                                                                                                                                                                  | 17,800.00                                                                                                                                                                                                                                                                                    |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | b) \$<br>ear)                                                                                                                                                          | 35,600.00                                                                                                                                                                                                                                                                                    |
| c) Total of all fees received to date (Add lines a and b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | c) \$                                                                                                                                                                  | 53,400.00                                                                                                                                                                                                                                                                                    |
| <ul> <li>Indicate the amount of any such fees that are due, but have not<br/>yet been paid</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d) \$                                                                                                                                                                  | 0                                                                                                                                                                                                                                                                                            |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditured was expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if<br>may be filed<br>aggregate<br>expenses; (b)<br>e: meals pu<br>ss than \$10<br>d with a valuating period<br>ie of greate<br>er than \$25,<br>expense re | expenditures are made bd for the lobbyist(s)/firm total of all expenses pai the aggregate total of a rchased during a busines that is given to the perso lue of \$25.00 or less); an of greater than \$25.00 for than \$25, purchase of but not greater than \$50 bimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a) \$                                                                                                                                                                  | 17,800.00                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                              |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        |                                                                                                                                                                                                                                                                                              |

| d) Total expenses for this reporting period                                                                                                                                                               | d) \$      | 17,800.00                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------|
| <ul><li>(Add lines a, b and c)</li><li>e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)</li></ul> | e) \$      | 35,600.00                |
| f) Total of all expenses year to date                                                                                                                                                                     | f) \$      | 53,400.00                |
| V1. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.                                                    | obbying fe | es during this reporting |
| Paid to:                                                                                                                                                                                                  | Amount     | :                        |
|                                                                                                                                                                                                           | \$         |                          |
|                                                                                                                                                                                                           | \$         |                          |
|                                                                                                                                                                                                           | \$         |                          |
|                                                                                                                                                                                                           | \$         |                          |
|                                                                                                                                                                                                           | \$         |                          |
|                                                                                                                                                                                                           | \$         |                          |
|                                                                                                                                                                                                           |            |                          |
|                                                                                                                                                                                                           |            |                          |
| Sworn Statement/Affirmation by Lobbyist                                                                                                                                                                   |            |                          |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm                                                                                                                                       | m that the | foregoing information    |
| is true and complete to the best of my knowledge and belief.                                                                                                                                              |            |                          |
| J. V. Hoten                                                                                                                                                                                               |            | 0/24/17                  |
| Signature of lobbyist)                                                                                                                                                                                    |            | (Date)                   |
| James V. Hatem                                                                                                                                                                                            |            |                          |
| (Print Name of lobbyist)                                                                                                                                                                                  |            |                          |